

Petition for Annexation Application

			Property I	nformation								
Property Size		Acres		S	Square Feet							
Current Land Use			Proposed Land Use									
Address												
Тах Мар		Grid		Parcel		Lot(s)						
Deed Refernce:	Liber		Folio									
Plat Reference:	Liber		Folio									
Current Country Zoning District Requested Town Zoning District												
Town of Easton Comprehensive Plan Priority Designation (circle) 1 2 3												
Property Owner												
Owner Name	ner Name											
Mailing Address												
Telephone No.			Email									
			Agent In	formation								
Agent Name			License No.		Expi	ration Date						
Mailing Address												
Telephone No.			Email									
ALL OF THE ITEMS ARE REQUIRED TO BE FILED SIMULTANEOUSLY FOR A COMPLETED APPLICATION												
(check if included)												
			signed by 25%	•								
	_		ers and owners ime and initiation				be annexed.					
	•		paid to the To		•	-	foo					
			•			ote that the	riee					
	•	•	dditional fees n			os sosts						
	The applicant must sign a Town Reimbursement Agreement to ensure all fees, costs, and expenses incurred by the Town in excess of the application fee amount will be reimbursed.											
☐ Metes and bounds description for property												
□ Plats of property which shall include 2 mylar and 8 paper copies.												
□ Proposed Annexation Resolution, Proposed Ordinance for Zoning, Proposed Annexation Plan, and Proposed Annexation Agreement.												
□ If Special Tax District proposed a Resolution to Create Special Tax District shall be required.												
-Need consent of owners of 2/3 of assessed value of area, plus 2/3 of number												
of different property owners.												
•	Can also do by ballot vote ahead of time and initiation of resolution by Town.											

Any modifications during review shall warrant an updated application.

I do hereby solemnly declare and affirm that the information provided by this application and the documents attached hereto accurately represent the conditions of the request and that submission of an incomplete application will be returned for correction prior to processing.

Signature of Applicant or Age	nt							
	Date							
Printed Name of Applicant or								
For Office Use Only								
Application No.			Fee Paid					
Date Resolution Introduced to Town Council								
Planning Commission Meeting			Positive Re	ecommendation to Council?Y 🗆 N 🗆				
Town Council Public Hearing		Is a Zoning Waiver Required? Y □ N □						
Resolution Enactment Date		Resolution Effective Date						
ESDR Y / N Date			•			Rev	ised 2-2020	